RALPH MOL	State of Rhode Island and Office of the Sec			Fee: \$50.00	
e cretary of 5t	Division Of Bus 148 W. Riv Providence RI (401) 222	ness Services er Street 02904-2615			
Limited Liabilit Annual Report Filing Period: Septe	y Company ember 1 - November 1				
file its annual repor 7-16-66(b&c)) is su	R.I.G.L. 7-16-66(d), each limited liability t within thirty (30) days after the time pres bject to a penalty fee of \$25.00.				
ANNUAL REPORT	FYEAR: <u>2010</u>				
1. ID No. <u>000</u>	<u>119072</u>				
2. Exact Name of the Limited Liability Company <u>ANCHOR SELF STORAGE OF</u> <u>NARRAGANSETT, LLC</u>					
3. State of Form State: <u>RI</u>	ation				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island					
SELF STORAGE	E FACILITY				
5. Principal Office	e Address				
No. and Street: City or Town:	<u>600 MAIN STREET, ROUTE 130</u> <u>MASHPEE</u>	State: <u>MA</u>	Zip: <u>02649</u>	Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
Contact Name: DONALD H PRIESTLY Contact Title: MANAGER No. and Street: 600 MAIN STREET, ROUTE 130					
City or Town:	MASHPEE	State: MA	Zip: <u>02649</u>	Country: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	DONALD H PRIESTLY	600 MAIN STREET, ROUTE 130 MASHPEE, MA 02649 USA
Changes Require Filin	RHODE ISLAND - DO NOT ALTER ng of Form 642 - R.I.G.L. 7-16-11 SEXTANT LANE NARRAGANSETT , F executed by an authorized person p	
signature of the individ acknowledgement of th individual's act and de	lual or individuals signing this inst te signatory, under penalties of per ed or the act and deed of the comp he electronic filing, in compliance STLY	any, and that the facts stated herein are
Form No. 632 Revised 09/07		
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